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SERIAL NUMBER 10/700,940	FILING DATE 11/04/2003 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. 02504
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** CONTINUING DATA *****

NONE R2

** FOREIGN APPLICATIONS *****

NONE R2

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY RI	SHEETS DRAWING 20	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

000987

SALTER & MICHAELSON

THE HERITAGE BUILDING

321 SOUTH MAIN STREET

PROVIDENCE, RI

029037128

TITLE

Face shield assembly

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)

FILING FEE RECEIVED 1556	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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